

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	78478/02202
First Named Inventor	Paula J. Saint-Amour
COMPLETE IF KNOWN	
Application Number	Unknown
Filing Date	Herewith
Art Unit	Unknown
Examiner Name	Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**EARLY ALERT AND RESPONSE SYSTEM**

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: 23380      OR     Correspondence address below

Name

Address

City

State

ZIP

Country

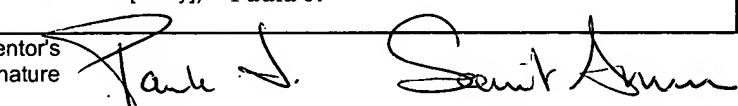
Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Paula J.Family Name  
or Surname Saint-AmourInventor's  
Signature

Date

9 Feb 2004

Residence: City

West Hurley

State

NY

Country

USA

Citizenship

US

Mailing Address

PO Box 1039

City

Kingston

State

NY

ZIP

12402

Country

USA

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Peter A.Family Name  
or Surname SchleimInventor's  
Signature

Date

2/9/2004

Residence: City

West Hurley

State

NY

Country

US

Citizenship

US

Mailing Address

PO Box 1039

City

Kingston

State

NY

ZIP

12401

Country

US

Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Paula J. Saint-Amour
Title	EARLY ALERT AND RESPONSE SYSTEM
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	78478/00003

I hereby appoint:



Practitioners at Customer Number:

23380

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The above-mentioned Customer Number:

OR



The address associated with Customer Number:

23380

OR



Firm or Individual Name



Address



Address



City

State

Zip



Country



Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

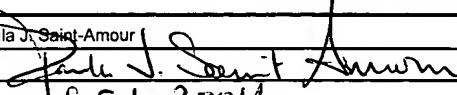
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Paula J. Saint-Amour

Signature



Date

9 Feb 2004

Telephone

845-339-9400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	Unknown
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Paula J. Saint-Amour
<b>Title</b>	EARLY ALERT AND RESPONSE SYSTEM
<b>Art Unit</b>	Unknown
<b>Examiner Name</b>	Unknown
<b>Attorney Docket Number</b>	78478/CXZ

I hereby appoint:



Practitioners at Customer Number:

23380

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The above-mentioned Customer Number:

OR



The address associated with Customer Number:

23380

OR



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number:



The address associated with Customer Number: